

# Core and Preventive Home and Community Based Services Form Home Modifications, Special Medical Equipment, and Minor Environmental Modifications

Member Name: \_\_\_\_\_ MID# \_\_\_\_\_

Name of Physician/RNP: \_\_\_\_\_

Diagnosis/Include ICD-9 Codes: \_\_\_\_\_

1. Check One: ☐ Core Services ☐ Preventive Services

☐ **Minor Environmental Modifications:** (Minor Assistive Devices): Please see definition (GW-AD1). Please note this service is available for members on Core and Preventive Services [HCPCS Code T2028].

☐ **Special Medical Equipment:** Please see attached definition (GW-SM). Please note this service is available for members on Core Services only. Attach form (GW-EM1) [HCPCS Code T2029].

☐ **Home Modifications:** Please see attached definition (GW-EM). Please note this service is available for members on Core Services only. Attach form (GW-EM1) [HCPCS Code S5165].

2. Description of Service(s) Requested: \_\_\_\_\_

3. Justification for Request (attach Form GW-EM1 if required): \_\_\_\_\_

4. Professional requesting: ☐ Physician ☐ PT/OT ☐ RN ☐ DHS SCW ☐ Other

(If other, please provide Title/Credentials) \_\_\_\_\_

By submitting and signing this form, the above professional ensures the following:

- No other payer: The equipment or modification(s) are not otherwise available through Medicare, Medicaid, or other private insurance coverage.
- Effectiveness: Skilled professionals (e.g. PTs, OTs, Mobility Specialists) have properly identified the individual's need for the recommended equipment and/or modifications. Furthermore, the recommendation complies with the Limitations and Special Considerations as defined by the Rhode Island Global Waiver for Minor Assistive Devices, Special Medical Equipment or Environmental Modifications.

Name of Professional (print) \_\_\_\_\_ Tel. # \_\_\_\_\_ Fax # \_\_\_\_\_

Signature of Professional \_\_\_\_\_ Date \_\_\_\_\_ LTC RL \_\_\_\_\_

-For Official Use Only-

The above request is: ☐ Approved ☐ Denied Cost \$ \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_